

NASSAU COUNTY PAL



NORTH SHORE UNIT

Ice Skating at
Port Washington Skating Center
 70 Seaview Blvd.
 Port Washington
 484-6800
 www.pwskating.com



-ENROLLMENT is LIMITED-
 Please register early.

All applications and checks should be mailed to or brought to:

Port Washington Skating Center
 70 Seaview Blvd.
 Port Washington NY 11050
 (Office open daily 12:00 PM - 6:00 PM)

Make checks payable to:

Port Washington Skating Center

Name tags distributed first day of class. No confirmations will be sent.

Wear warm clothes and gloves.

Skate rental available \$3.00 per day

TOT ICE SKATING: (Ages 3-5 pre-K)

Fee: \$99.00 per session*

Each session consists of 6 lessons 30 minutes long (No free skating)

Group size limited to 5 skaters per group. **Helmets required** (bike helmet OK*)
 Additional seasonal insurance fee of \$9.00 (good Sept-June) also due with first registration of the year*

CHILDREN'S SKATING: (Age 5-12)

Fee: \$79.00 per session*

Each session consists of 6 group lessons 30 minutes long with 30 minutes of free skating (either before or after lesson)

Group size 8-10 skaters placed according to age and ability.
 Additional seasonal insurance fee of \$9.00 (good Sept-June) also due with first registration of the year*

CLASS SCHEDULE

Tuesdays	Fridays	Saturdays
Class times 4:00/4:30 PM (Session ends at 5:00 PM)	Class times 4:00/4:30/5:00 PM (Session ends at 5:30 PM)	Class times 4:00/4:30/5:00 PM (Session ends at 5:30 PM)
Session III Dates: 1/3,10,17,24,31 2/7	Session III Dates: 1/6,13,20,27 2/3,10	Session III Dates : 1/7,14,21,28 2/4,11
Session IV Dates: 2/14,28 3/6,13,20,27	Session IV Dates : 2/17 3/2,9,16,23,30	Session IV Dates : 3/3,10,17,24,31 4/21

Ice Skating Registration

Name _____ Phone # _____
First Last

Address _____
street town zip

Date of Birth _____ Grade/School _____ / _____ Email _____

Emergency Contact and Phone _____

<input type="checkbox"/> Tot Skating \$99 per session <input type="checkbox"/> Children's Skating \$79 per session	<input type="checkbox"/> Session III	<input type="checkbox"/> Session IV
	<input type="checkbox"/> Tuesday <input type="checkbox"/> 4:00 PM (practice after lesson) <input type="checkbox"/> 4:30 PM <input type="checkbox"/> Friday <input type="checkbox"/> 4:00 PM (practice after lesson) <input type="checkbox"/> 4:30 PM <input type="checkbox"/> 5:00PM (practice before lesson)	<input type="checkbox"/> Saturday <input type="checkbox"/> 4:00 PM (practice after lesson) <input type="checkbox"/> 4:30 PM <input type="checkbox"/> 5:00 PM (practice before lesson)

Never skated Can skate forward Can skate backward Advanced

Put with friend _____ Request instructor _____

I, the undersigned, being the parent or guardian of _____ do hereby grant permission for his/her participation in all activities, athletic or otherwise, sponsored by NASSAU COUNTY POLICE ACTIVITY LEAGUE, and release from responsibility said corporation, its coaches, volunteers, employees, agents, officers, directors, the Nassau County Police Department and the County of Nassau, for any injury, loss of life or other loss or damage as a result of participation in any activity of the Nassau County Police Activity League. Furthermore, I understand the Nassau County Police Activity League does not provide medical staff at Nassau County Police Activity sponsored events and in the event emergency occurs medical services and or transportation will only be provided through the community's emergency medical system.

Parent Signature _____ Date _____